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APPLICANTS

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**** CONTINUING DATA ******* *LHB*

This application is a DIV of 09/434,792 11/05/1999 PAT 6,311,840

**** FOREIGN APPLICATIONS ******* *NONE LHB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>LHB</i> Initials				

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TITLE

Personal identification for improved hygiene

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